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ABSTRACT

After approximately 20 years of developing collaborative delivery systems for children with disabilities, educational researchers have developed an extensive knowledge base. In an effort to identify potential strategies for developing and institutionalizing school-linked coordinated service delivery systems for at-risk youth, this paper examines collaboration under the Individuals with Disabilities Act (IDEA). Research findings in the following areas are presented: funding, parent involvement, and accountability. School-linked social welfare services have successfully used funding strategies that attracted new revenue and redirected existing categorical funds toward coordinated service delivery. Strategies that have increased parent involvement are based on direct, informal, and personal forms of communication, such as the development of volunteer programs, home visits, and parent group meetings. Finally, holistic accountability structures have been used effectively to develop individual outcome goals and to process accountability. Contains 50 references. (LMI)

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Effective School-Linked Services Programs: Valuable Lessons from Past Collaborative Reform

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Effective School-Linked Services Programs: Valuable Lessons from Past Collaborative Reform

ABSTRACT

After approximately 20 years of developing collaborative delivery systems for children with disabilities, educational researchers have developed an extensive knowledge base. This article examines research evidence in the areas of funding, parent involvement, and accountability for lessons which can be applied to collaborative services programs for at-risk youth.

INTRODUCTION

Numerous reports and initiatives promote school-linked social welfare services (SLS) as a means of better addressing the interdependent social, emotional, economic, and educational needs of children (see for example, Family Welfare Research Group, 1991; Kirst, 1989; Kusserow, 1991; Melaville & Blank, 1993; Shaver et al., 1994; Wehlage et al., 1989). This delivery system provides a rational alternative to the traditional fragmented model in which children with multiple problems must overcome numerous logistical challenges to receive needed services. Today, collaboration initiatives at the state and local levels are operating in virtually every state, with over a thousand programs in existence (Kahn & Kammerman, 1992). There are clear indications that collaborative reform will continue to be viewed as a positive response to the complex economic and social problems facing children and their families (Sullivan, 1993).

These efforts are promising, but obstacles to program development, implementation, and institutionalization are substantial. For example, SLS program funding is often inadequate and tenuous (e.g., Useem, 1991; Shaver et al., 1994); parental participation is limited (e.g., Smrekar, 1993); and public pressures for accountability run counter to the need for structural flexibility and long time horizons necessary to achieve desired outcomes (Kahne & Kelley, 1993). These pressures and obstacles are not unique to SLS programs. As reformers work to further their agenda, they would do well to consider the experiences of others. Collaboration among service providers has been a common feature of a variety of programs, including programs for children with disabilities, for the elderly, and for those needing job skills.

In an effort to identify potential strategies for developing and institutionalizing school-linked coordinated service delivery systems, this paper examines collaboration under the Individuals with Disabilities Education Act (IDEA).[1] By examining efforts to coordinate the delivery of services to children with disabilities, we can gain valuable insight into a variety of important challenges facing promoters of school-linked services. These issues include the development of an adequate funding base, meaningful parent involvement and support, and holistic accountability structures which reward collaboration among service providers.

Three factors make these reforms particularly relevant for those considering current efforts to promote school-linked services for children. First, both IDEA and SLS programs require extensive coordination among educators, counselors, health professionals, and parents. IDEA mandates collaborative development of an Individualized Educational Program (IEP) through formal meetings with parents, teachers, school psychologists, administrators and other professionals as deemed necessary and appropriate. This written document identifies the educational needs of the child, with specific steps and guidelines for achieving developmental goals. The SLS model which is most similar to collaboration under IDEA is the case management model, in which children and/or their families meet with a case manager and a group of professionals to determine the package of services needed to address important risk factors. Programs have informal referral relationships with other agencies in the community that provide services not offered directly by SLS collaborators. Comprehensive SLS programs include tutoring services, parenting education, crisis counseling, physical and mental health care, mentoring relationships, child care, and before- and after-school care. For middle and high school aged children, these services might also include alcohol and drug education and counseling, gang interventions, pregnancy prevention, teen parenting education, child care for teen mothers, and dropout prevention programs.[2] By examining the

experiences with coordination under IDEA, those attempting similar coordination under SLS may gain valuable insights.

Second, IDEA has been the subject of extensive documentation and evaluation. In the 19 years since the passage of PL 94-142, a substantial literature has developed revolving around such issues as program implementation, cost, and effectiveness (see, for example, Rogers & Farrow, 1983; Singer & Butler, 1987; Gartner & Lipsky, 1987; Cox et al., 1980; Weatherly, 1979; Hargrove, et al. 1983). This literature can provide valuable information which will allow SLS administrators to build on the successful experiences with collaboration under IDEA, and avoid potential problems.

Third, IDEA, which is generally credited with transforming special education practices, is one of few coordinated services delivery programs which has been successfully institutionalized. Today, over 4 million children have been identified as having disabilities which qualify them for coverage under IDEA (Singer & Butler, 1987). In 1986, coverage was extended to preschool children. By 1990, over 600,000 children with special needs who were under six years old were receiving services (Hebbeler, Smith, & Black, 1991). By considering the experiences of those working to provide collaborative services for children with disabilities, those committed to developing broad-based coordination for at-risk youth can learn valuable lessons regarding the desirability of particular approaches.

FUNDING

Although Federal, state, and county governments have expressed interest in interagency collaboration for many years, tangible funding for SLS programs initially came from foundation grants. More recently, state governments have created programs which fund start-up and administrative costs for SLS programs. These efforts range from small program development grants to a few schools or districts (e.g., California) to the creation of a few better-funded model programs in impacted areas (e.g., Connecticut) to appropriations for basic administrative costs for a large number of SLS programs throughout the state which must collaborate to provide a prescribed set of services (e.g., Kentucky) (Sullivan, 1993).[3]

At the local level, counties and municipalities often engage in cooperative agreements with local schools to provide on-site personnel. Private monies continue to be available from foundations for the development, operation, and evaluation of SLS programs. In addition, nonprofit service organizations may provide volunteers or staff members to schools to meet particular needs (Kirst, 1993). This support often does not meet the ambitious goals of SLS programs (Shaver et al., 1994). In addition, the temporary nature of much of the funding makes SLS difficult to institutionalize. For example, in 1990, Massachusetts, once considered a leader in the development of coordinated services programs, eliminated a longstanding and

apparently successful collaboration effort due to state fiscal constraints (Useem, 1991).

The experience of SLS programs raises two important questions. First, what is the effect of inadequate and temporary funding on the quality of service delivery? And second, what are some opportunities for obtaining more secure and substantial funding in the future?

Impact of Funding Level on Quality

Much can be learned about the impact of underfunding on program quality from IDEA, which has been chronically underfunded since its inception. The federal share has remained around 10% through the 1980s despite an initial goal of 40% (Pittenger & Kuriloff, 1982; Gallagher, 1989). Even with significant efforts at the state and local levels, few districts have been able to provide "full funding" for the program. As it is, current funding levels have strained local budgets and caused a reallocation of funds from the regular education program.

To assess the likely impact of underfunding on collaborative services programs, implementation studies of IDEA suggest the importance of understanding the pressures on and priorities of "street-level bureaucrats" (Lipsky, 1980; Weatherly & Lipsky, 1977; Weatherly, 1979; Hargrove et al., 1983; Dokecki & Heflinger, 1989). A major study by Weatherly (1979) describes the effects of underfunding on teachers and special educators who

worked in three programs for disabled children in Massachusetts. He found that:

> The street-level bureaucrats of this study, teachers and educational specialists, while striving to carry out impossible requirements given chronically insufficient resources, invoked solutions that tended to undermine the individualizing thrust of the law, reduced the mandated role of parents, restricted services, and frustrated attempts to bring handicapped children into the educational mainstream (p. 11).

In addition, the shortage of resources often fostered resentment between regular and special education teachers over the distribution of resources (Weatherly, 1979). Furthermore, the lack of funding meant that children were sometimes channeled toward available rather than appropriate services.

Educational leaders and SLS program administrators can gain much by considering this array of issues. In particular, inadequate funding may limit time and resources for parent contact, channel students toward available and affordable rather than appropriate services, and divert already limited educational resources away from the school's main mission. Alternatively, educators may rely heavily on service providers for resolving day-to-day problems in the school, leaving little time for case management and the provision of preventative services. SLS programs in California and Chicago, for example, have found that

it is easy for service providers to be drawn into crisis management of schools in order to serve immediate needs, leaving little time for programs to address issues before they reach the crisis stage. Administrators should be aware of these potential consequences of limited funding and unlimited demand. They may, for example, need to limit the size of the program (e.g., the scope of services or number of students/families served) in accordance with available resources. This may be very difficult given pressures to expand programs to meet the needs of all students who could benefit from these services.

Opportunities for Obtaining Future Funding

The experience of IDEA suggests two possible strategies for increasing and stabilizing funding of SLS programs: attracting new money and redirecting existing categorical funds toward coordinated service delivery.

Attracting New Money. IDEA obtained new money by gaining substantial, broad-based support for reform of educational programs for children with disabilities. Early state-level experiences with collaborative programs and empirical evidence indicated that children with disabilities could benefit from individualized educational programs and mainstreaming (Hargrove et al., 1983). The result was a variety of state-level initiatives, legal suits, and widespread public pressure aligning numerous interest groups to support reform. Service provision increased dramatically as new money was allocated to this priority.

In some important respects, this history parallels the experience in the SLS movement. Increasingly, coordination is being viewed as a more effective means of providing services for at-risk youth. Court decisions, most notably in Kentucky, have led to increased support for SLS programs. The court found the entire educational system to be unconstitutional and, as part of its response, Kentucky is building a statewide system of SLS programs (Harp, 1993).

While it is striking that in this period of tight resources there has been new money going to this area, we would not expect the allocation of new funds to meet the potential demand for coordinated service delivery. A variety of factors will likely constrain the allocation of new resources to SLS programs. In particular, unlike the environment surrounding legislation for children with disabilities, SLS programs do not benefit from widespread popular recognition or support, empirical research which demonstrates the effectiveness of this approach, or the moral mandate which accompanied IDEA (i.e., coordination is viewed as more effective management, rather than as a civil rights issue).

Redirecting Existing Categorical Funds. Given the constraints on funding described above, it is important that those interested in SLS also consider ways to develop linkages to stable, existing funding sources. The collaborative experiences which developed as a result of IDEA have created structures and institutional expectations which can facilitate the development

of collaboration within SLS programs. Program administrators and service providers have worked with one another in collaborative relationships under IDEA. As a result, they have gained experience in overcoming both personal and administrative barriers to collaboration. Despite the costs involved, providers are beginning to view collaboration as a routine part of their jobs, and as an approach which can provide important benefits for children and families. Therefore, patterns of funding identified under IDEA may also be pursued for SLS programs.

For example, in an effort to spread the financial burden associated with serving students with disabilities, Fox, Freedman, and Klepper (1989) report that some school systems are working out new funding arrangements with health and social service agencies. SLS programs can also be funded in this manner. Some major fund sources that have been suggested and utilized for both education programs for children with disabilities and SLS programs include Medicaid EPSDT funds and the Maternal and Child Health Block grant to fund school health clinics; the Family Support Act for adult education and child care services; and Title IV-E of the social security act for programs to address family functioning issues (Kirst, 1993; Swann & Morgan, 1993).

Despite the availability of these federal fund sources, creating functional funding arrangements among service providers and establishing agreements between agencies has proven to be difficult (Swann & Morgan, 1993). A federal mandate under PL 99-

457 requires that financial responsibility for service provision be assigned to the agency responsible for the delivery of those services. This portion of the law has been the most difficult component to implement. The Carolina Policy Studies Program found that:

> Of the 14 components required under Part H, the states have made the least progress in developing, approving, and implementing the requirement to assign financial responsibility for services (Harbin, Gallagher, Lillie, & Eckland, 1990) and in establishing state-level interagency agreements (Harbin, Gallagher, & Lillie, 1989). (Swann & Morgan, 1993, p. 211-212).

SLS administrators should also consider a national study of implementation of PL 94-142 which found that cost sharing arrangements were most effective when state agencies entered into formal collaborative agreements to provide support for the efforts of local agency personnel. Without the backing of state administrators, local agencies were more likely to back out of collaborative relationships when funds became scarce (Rogers & Farrow, 1983).

A second source of funds which could provide an important, lasting source of support for SLS programs is Chapter 1 funds for school-wide projects. Although these Chapter 1 funds can legally be used to support SLS programs, they are rarely used for this purpose (see Kirst, Koppich, & Kelley, 1992). Current proposals

would increase Chapter 1 funding overall, and concentrate funds on the lowest income areas. (Pitsch, 1993; Miller, 1993; Hoff, 1994). These changes would provide new money to low income schools, and would increase opportunities to direct Chapter 1 resources to SLS projects.

In short, numerous alternative funding strategies for SLS programs exist. Advocates for these programs can learn much from IDEA with respect to obtaining new resources and redirecting existing resources toward collaborative SLS programs. In order to obtain new funds, SLS proponents will need to provide solid empirical evidence of the effectiveness of SLS programs, and raise public consciousness regarding the need for and effectiveness of collaborative services arrangements.

In addition, both formal and informal agreements need to be struck among federal, state and local policymakers and service providers to increase the flexibility of categorical funds, and the commitment to directing existing resources to collaborative ventures. Today, much of the rhetoric on SLS implementation focuses on the importance of forging informal relationships and nonbinding agreements among service providers. The experience of IDEA suggests that more formal agreements are needed. Under IDEA, it was not until the legal responsibility for program support shifted from schools to service providers that other agencies began to share in the financial responsibility for collaborative service programs. Even with the legal mandates, it

has been difficult to obtain cooperation and support in some instances.

ENSURING MEANINGFUL INVOLVEMENT OF PARENTS AND COMMUNITY MEMBERS

Research on parent involvement in IDEA programs also may offer valuable insights and direction to those committed to involving parents in SLS programs. These reforms make fundamental commitments to fostering parent involvement. Numerous requirements embedded in PL 94-142, for example, were structured to gain parents' input. According to the U.S. Office of Special Education,

> The IEP meeting serves as a communication vehicle between parents and school personnel, and enables them, as equal participants, to jointly decide what the child's needs are, what services will be provided to meet those needs, and what the anticipated outcomes may be (Federal Register, 1981, p. 5462).

PL 99-457 placed even more emphasis on the role of parents. It "effectively redefines the service recipient as being the family [and] requires explicit judgments about the family's service needs" (Krauss, 1990, p. 388). For example, rather than developing an IEP, a multidisciplinary team must develop an Individualized Family Service Plan (IFSP) which includes "a statement of family strengths and needs, family goals and

objectives, and services designed to meet family needs, including counseling if necessary" (Bailey, 1989, p. 107).

The legal requirement that professionals and parents have an equal say in the development of educational goals and approaches is a unique and laudatory goal. It makes an important symbolic statement about the key role that parents play in protecting the rights of their children, and in promoting their educational development (Singer & Butler, 1987). Unfortunately, studies of parent involvement in IDEA consistently find that parents are generally marginal players in the development of a student's IEP (Dokecki & Heflinger, 1989; Turnbull & Turnbull, 1982; Singer & Butler, 1987). The National Committee for Citizens in Education, for example, found that 52% of parents surveyed responded that their children's IEPs were completed prior to their meeting with school personnel (Turnbull & Turnbull, 1982) and a different study found that fewer than 50% of parents had attended their child's most recent IEP conference (Singer & Butler, 1987). In cases where parents were present, Mehan (1983) found that their concerns were frequently neglected as service providers worked amongst themselves to define a child's needs. Indeed, studies of the amount and nature of communication between parents and school personnel during IEP conferences indicate that parents may not fully understand decisions made during formal IEP conferences, that verbal participation of parents is limited, and that parent responsibilities regarding the IEP are only minimally discussed (Turnbull & Turnbull, 1982)

The limited degree of parental involvement is especially important for this discussion. Three factors which constrain parent involvement in the IEP process are also likely to constrain parent involvement in SLS programs. First, mutual alienation often constrains meaningful collaborative work between parents and service providers. This alienation reflects the classic tension between an organizational structure governed by public participation and one governed by "experts." In this case, parents are alienated from an organizational structure which emphasizes professional expertise and bureaucratic categories. Weatherly and Lipsky (1977) found that "the use of technical jargon lent an aura of science to the proceedings while making much of the discussions unintelligible to parents and, frequently, to teachers as well" (p. 189). They observed, for example, a psychologist explain test results to a working-class parent in the following manner: "he is poor in visual-motor tasks. He has come up [improved] on sequencing-object assembly-completions which may reflect maturation in addition to training -- that is, his visual-motor improvement..."(p. 189; also see Mehan, 1983). Similar problems can be expected in SLS programs. In fact, these problems may be greater since SLS programs are designed for schools with low-SES students where "conflict, distrust, and ambiguity [often] define relationships between teachers and parents" (Smrekar, 1993, p. 177; also see Lightfoot, 1978).

A second constraint on parent involvement is that limits on time and funding often make it difficult for parents and service providers to work together. Weatherly (1979), for example, found that street level bureaucrats (teachers, counselors, health professionals) often worked to limit parent involvement in response to the severe time constraints they faced. In addition, Turnbull and Turnbull (1982) review numerous studies and conclude that parents are burdened with many time demands and some would prefer to leave service delivery decisions to professionals. This barrier to parent participation may be less of a problem for SLS programs. By basing services in schools, SLS programs can ease time burdens facing some parents by decreasing the degree of effort needed to gain access to particular services. However, some parents and most service providers may continue to find time an important barrier to participation.

A third constraint on parent involvement is that service providers often lack the knowledge base and orientation needed to foster parent participation. Whether working with students with disabilities or other at-risk students, service providers may feel more secure coordinating their efforts with fellow professionals than with parents (Strickland & Turnbull, 1990; Smrekar 1993). Such behavior is consistent with professional training; it protects status; and it may reduce potential conflict. It does not, however, foster the social, emotional, and educational benefits of parent involvement.

SOME STRATEGIES FOR FOSTERING PARENT INVOLVEMENT

Just as the experience of IDEA helps to identify some of the likely barriers to parent participation, it also can help identify methods to foster participation. The first clear lesson from studies of IDEA is that both parents and school personnel often find "the formal conference to be a relatively ineffective mechanism for communication and coordination between parents and the school program" (Strickland & Turnbull, 1990, p. 326; Dokecki & Heflinger, 1989).

Instead, researchers have found that direct informal and personal communication with parents was relatively effective (Fuqua et al., 1985). Rather than holding IEP meetings in which one parent is surrounded by numerous service providers, Strickland and Turnbull (1990) recommend volunteer programs which bring parents into the building, home visits, and parent group meetings. The research of Fuqua et al. (1985) on the impact of these approaches supports this conclusion. All three of these approaches empower parents by raising parents' comfort level, by providing opportunities for conversations to occur in the language of the family instead of professional jargon, and by shifting group dynamics so that parents are in the majority instead of the minority. Volunteer programs bring parents into schools and provide opportunities for parents to gain comfort with the school setting, culture, and personnel in a non-threatening environment. Home visits reduce the relative power of professionals and increase parental control. Meetings

with groups of parents provide an excellent vehicle for formulating and presenting parent concerns and might increase the likelihood of two-way exchanges between parents and service personnel.

The broad scope of SLS programs makes community involvement more relevant for SLS than for IDEA. Thus, in addition to parent forums, opportunities could be made available for community members and private and nonprofit community groups to participate in the support and guidance of this effort. The participation of these groups is also likely to enhance broad-based support for SLS programs (see Selznick, 1949).

In short, current discussions of SLS often emphasize the orientations and priorities of service providers and thus run the risk of fostering many of the same problems regarding parent involvement that IDEA programs have encountered. Developing steering committees which include parents and concerned community members, bringing volunteers into the schools, and making home visits may help SLS programs foster parent involvement, gain parent and community input regarding program goals and methods, get out information about available services and opportunities, and locate interested individuals and groups in the community.

A clear finding from studies of IDEA and SLS programs is that parents and community members value the support such programs provide (Turnbull & Turnbull, 1982). Parent and community participation in SLS may be constrained by alienation, time, and professional training and orientation, but it is also

true that this initiative represents an excellent opportunity to confront and change some of the dynamics, beliefs, and structures which hamper relations between low-SES parents and service professionals. By involving parents and community members in efforts which improve the access to, efficiency of, and quality of social welfare services, these initiatives can help to build the trust and understanding needed for more effective support of at-risk students.

ORGANIZATIONAL CONTROL AND ACCOUNTABILITY

Many writers have recognized the importance of coming to agreement on goals early on in the collaborative process: sharing perspectives on the definition of problems facing children and families, and agreeing on what approaches will achieve desirable solutions (see for example, Swann & Morgan, 1993; Gardner, 1989; Melaville & Blank, 1993; Levy & Copple, 1989). Goal congruence is necessary in order to achieve some level of collaboration among service providers. At the same time, efforts to emphasize agreement can lead to conflicts among service providers with different primary missions. Efforts to avoid these conflicts often promote the development of broad and ambiguous goals (Baier, March & Saetren, 1986) which embrace, for example, the needs of the "whole child". Such goals, however, may impede the development of specific outcome measures which are necessary for meaningful accountability.

IDEA addresses the cornucopia of goals of service providers by allowing each provider to maintain his or her own separate goals and objectives. The Individualized Educational Program maintains both process and individual outcome accountability while allowing for a variety of definitions of the problems facing each disabled child.[4] The IEP is a statement written for each child which includes a description of current performance levels, annual and semi-annual goals and instructional objectives, a description of the specific services to be provided to meet these goals, with time lines for the provision and completion of services, and a description of the criteria to be used to evaluate successful accomplishment of the stated goals and objectives (Pittenger & Kuriloff, 1982). Ideally, the IEP can therefore be viewed as a negotiated document which reflects the variety of goals of teachers, parents, psychologists, physical therapists, and other professionals.

While the IEP allows parents and professionals to work together without the need to reach agreement on a single set of objectives, each IEP represents a time-consuming negotiation regarding professional priorities and perspectives. The system is highly bureaucratized and enmeshed in paperwork. The high cost of such an individualized system often results in compliance with the letter, rather than the spirit of the law:

> ". . . interdisciplinary team assessments do not usually work as intended. Decisions are sometimes made before team meetings, undue weight is given to

standardized test scores, one or two individuals dominate the deliberations, parents and teachers have only token involvement, and service priorities are dictated by cost, local tradition, and the relative strength and status of various categories of educational professionals" (Weatherly, 1979, pp. 125-126).

Although individual outcome goals are developed in the IEP, accountability under IDEA primarily focuses on process. The federal government is most concerned that each eligible child receive an IEP, and that the service defined in the IEP be delivered as planned. There is little emphasis on evaluating the effects of such services on educational outcomes for the child (DeStefano, 1990). In fact, federal guidelines state specifically that service providers are not legally accountable for the failure of children to achieve the outcome goals established in the IEP process (Federal Register, 1981).

Accountability under SLS programs also involves process accountability, which assesses the ability of each professional participating in the collaborative to meeting the procedural and case load requirements of the home agency. In most cases, there is no particular reward for meeting the paperwork and procedural requirements of the collaborative. To illustrate, the collaborative may decide to collect intake, process, and outcome data which differ from the data collection requirements of the

home agencies. The home agencies may accommodate the collaborative by easing caseload requirements of participating professionals in order to make time for these additional data collection procedures. However, they will rarely reward these employees for their ability to meet demands of the collaborative that differ from agency goals and procedures.

A second type of accountability that some SLS funders have attempted to instill is group accountability for academic and community outcomes. For example, some evaluations of SLS programs currently focus on improvements in academic achievement, reductions in dropout rates, in teen pregnancy rates, and in gang activities (Sullivan, 1993). Thus far, these evaluations have been used primarily to assess the desirability of continued funding for SLS programs, rather than as accountability for the actions of specific personnel. A major obstacle to using group outcome measures to determine program success is that service providers are one of a large number of environment influences on children's lives. With little control over other influences, service providers are reluctant to have their own performance judged using group outcome criteria.

Administrators and policymakers interested in developing SLS programs should consider broadening existing notions of process accountability to incorporate goals of the SLS program as well as goals of the home agency. While maintaining a healthy tension between competing needs of the two groups, this approach enables

providers to focus on, and be rewarded for, their service in meeting the goals of both the agency and the SLS program.

At the same time, SLS program administrators and funding agencies should commit resources to evaluating group outcome measures. SLS programs can potentially have important consequences for communities as well as individual students and families. This impact should be observed, measured, and encouraged through the implementation of both individual and group outcome measures. By collecting data that goes beyond individual students and case managed families, researchers can provide evidence of SLS program effectiveness, which will be essential in making claims on funds needed to institutionalize SLS programs.

CONCLUSIONS

It is testimony to the strength of the SLS movement that it continues to grow despite the enormous fiscal constraints of the current environment. School-linked services programs have now been implemented in numerous sites throughout the country. These projects employ a wide variety of programmatic models. This variety reflects the diversity of micropolitical environments and the diversity of needs present in local communities. A great deal can be learned from assessing the strengths and weaknesses of these different efforts.

As this movement continues to expand, we believe it is essential to consider the experiences of those who have worked on

similar challenges. Too often the experiences of administrators, practitioners, and analysts in one educational sphere remain out of view from those in another. This kind of disciplinary segregation has clear costs, but no clear benefits. Though efforts to coordinate the delivery of services to students with disabilities differ in important ways from SLS projects, these initiatives also have many similar challenges. By examining these programs and the research on how to promote their effectiveness, proponents of SLS programs can learn much that is of value.

ENDNOTES:

1. The IDEA renamed and amended PL 94-142, the Education for All Handicapped Children Act, and amendments. Where appropriate due to historical context, we will refer to this legislation as the IDEA, PL 94-142, or PL 99-457. PL 94-142, passed in 1974, utilized collaborative teams of parents, teachers, psychologists, and other professionals to design individualized, free and appropriate public education for all school-aged children with disabilities. PL 99-457, passed in 1986, extended this coverage to preschool children aged 3 to 5 (Part B), and required the participation of families, social service agencies, health professionals, and educators in order to design a package of developmentally appropriate services for children with disabilities (ages birth to 2) and their families (Part H). PL 99-457 also required the creation of state interagency coordinating councils and local interagency councils to facilitate collaboration among service providers. The IDEA, passed in 1990, renamed the Act to reflect a preference for the term "disabled" rather than "handicapped" (Swan & Morgan, 1993).

2. These features are components of the collaborative services model developed in Kentucky (Sullivan, 1993).

3. School-linked services program models vary widely across location, reflecting the lack of centralized funding mechanisms and the diversity of local contexts. Important context factors include

the needs of the at-risk population, the age of children being served, the mix of existing services provided in the local community, the availability of resources for service delivery and administrative costs associated with coordination and collaboration, the history of and commitment to collaborative relationships in the community, and the presence and strength of personal relationships that exist among potential collaborators.

4. Process accountability means that programs are monitored for compliance, and are judged to be effective if they allocate resources to desired categories of expenditure and follow procedural rules and regulations. Individual outcome accountability means that programs are monitored for compliance, and are judged to be effective if they meet the unique goals set for each individual participant. This contrasts with group outcome accountability, in which the system is judged based on average or group-level performance on a single set of pre-established outcome measures.

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